

Washington State
2010-2011 Health Professional
Scholarship Program

*PO Box 43430 * Olympia, Washington 98504-3430*

APPLICATION PROCESS

The purpose of the Health Professional Scholarship Program is to provide scholarships to students training to be primary care health professionals. In return the student signs a Promissory Note agreeing to provide primary care in a designated health professional shortage area in Washington state for a minimum of three years. Mental Health, Urgent Care Clinics, Emergency Departments, specialty care, and employment through a placement agency are not accepted for service credit.

Programs include:

Priority Professions	Other Eligible Professions
Undergraduate Nursing Faculty	MD/DO
Licensed Nurses (RN & LPN)	Physician Assistant
Dental	Nurse Practitioner
Dental Hygienist	Midwife (licensed & certified)
Pharmacist	

All applicants will be notified by mail whether or not they have been awarded a scholarship.

Applications must include the required attachments. Incomplete applications will not be processed. *If you have enrolled in a program and have not received a letter of acceptance, you may still apply but must submit documentation of acceptance before funds will be awarded.*

If you have any questions regarding the application process, contact:

Email: Health@hecb.wa.gov

Phone: (360) 596 - 4817

Web site: www.hecb.wa.gov/health

**Application must be completed and submitted on-line
by 5:00 PM April 30, 2010 and all required attachments postmarked by
April 30, 2010.**

Faxes not accepted.

Health Professional Scholarship Guidelines & Terms of Agreement 2010-2011

ELIGIBILITY

To be eligible, the student must:

- Be accepted into or currently enrolled in an accredited program leading to eligibility for credentialing in Washington state as a physician, osteopathic physician and surgeon, pharmacist, licensed midwife or certified nurse-midwife, physician assistant, nurse practitioner, nurse faculty, dentist, dental hygienist, registered nurse, or practical nurse. If you do not have your acceptance letter yet, you may submit an application and note that you are awaiting the acceptance letter. The Education Institution Verification Form must be submitted to the program office before funds will be released.
- Have completed prerequisite courses.
- Continue to make satisfactory progress within their academic program.
- Agree to provide primary care health care services in Washington state for a minimum of three years. Emergency Department, Urgent Care Centers, employment through placement agencies and Specialty Care (such as Kidney Dialysis, Pharmacotherapy) are not accepted for service credit.
- Be a United States citizen (permanent residency does not qualify).
- Agree to not accept another service obligation until this one has been fulfilled.
- Not have been a recipient of the Health Professional Loan Repayment Program.
If selected for scholarship funding you will not be eligible to apply for the Loan Repayment Program.

SELECTION AND NOTIFICATION

Applicants will be selected for participation in the Health Professional Scholarship Program based on the following criteria but not limited to:

- Prior experience in a rural or shortage area, academic/humanitarian achievements, letters of recommendation, and academic standing.
- Commitment and experience in serving the medically underserved or shortage areas, as described in the narrative portion of the application.
- Preference is given for applicants with community sponsorship and support.
- All applicants will be notified by mail whether or not they are awarded the scholarship.

AWARD AND PAYMENTS

- Scholarship awards are based on availability of state-supported program funds that may not accommodate 100 percent of tuition expenses.
- The award amount shall not exceed the actual cost of education for the particular program.
- Award notices will identify amount of award, semester/quarter payment schedule, and name of the student's school and program.
- Checks are mailed to the school approximately two weeks before the beginning of each semester/quarter.

RENEWAL

- Recipients may renew the scholarship for a total period of five years, if they are continually enrolled in an eligible program.
- Scholarship renewal is contingent upon availability of funds for that program year. (The renewal amount may or may not be the same as the initial scholarship amount or the previous year's renewal.)
- Renewals will be based on the information supplied in the Education Plan of the application.

SERVICE OBLIGATION

The Scholarship Program can require the recipient to fulfill their service obligation in approved positions in state-designated shortage areas with the greatest need at the time of program completion.

- Upon completion of the academic program, participants will have a nine-month grace period to find employment in a designated shortage area. (MD & DO do not have a grace period; they are expected to begin employment upon completion of residency.)
- The length of repayment is determined by the number of years the scholarship is received, with a minimum three year service obligation which is the equivalent of 5,760 hours.
- Participant must serve full-time for a minimum of three years. (*For all health professionals, "full-time clinical practice" is defined as a minimum of 40 hours per week of patient care, with no more than 8 of those hours per week devoted to practice-related administrative activities.*) The service obligation will be prorated for less than 40 hours per week.
- Participants must work a minimum of 24 hours per week.
- Participants must serve in a rural or underserved urban area. See [Shortage Area Designations](#) on last two pages of this application packet.
- Shortage area designations are determined by the Department of Health.
- Mental Health, Urgent Care Clinics, Emergency Departments, Placement Agencies and Specialty care do not qualify for service credit.

- The total scholarship amount paid shall be forgiven (canceled) for each payment period (quarter) in which the recipient serves until the entire repayment obligation is satisfied.

REPAYMENT

Participants will be considered in default and must repay the program an amount equal to twice the total amount paid by the program plus interest if:

- The terms on the Promissory Note are not fulfilled.
- A course of study leading to credentialing in Washington state as a primary care health care provider is not completed.
- The terms of the minimum three-year service obligation are not fulfilled.
- The Service Obligation is not performed in a designated shortage area.

The program:

- May waive, in full or in part, the obligation for service or its rights to recover financial damages if the program determines that failure to fulfill the service obligation was due to circumstances beyond the participant's control such as:
- Physical impairment or mental impairment to the degree that the participant can no longer function in his/her assigned duties, or
- The participant's death.

Funds are considered educational and cannot be discharged in a bankruptcy.

It is your responsibility to read and understand these Guidelines and Terms of Agreement.

Retain a copy of these documents for future reference.

If you have questions, please contact our office.

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Application Deadline:

On-line application must be completed and submitted by 5:00 PM April 30, 2010 and all required attachments postmarked no later than April 30, 2010.

Faxes will not be accepted.

Before you begin the application you will need to have the following information available:

- Driver's License number.
- Name, address and phone number of the college/university you will be attending this year.
- Name, address and phone number of three references.
- Number of credits for each semester/quarter you plan to attend.
- Names, dates and number of credits completed for previous colleges/universities you have attended

Washington State 2010-2011 Health Professional Scholarship Program Attachment Checklist

(Forms can be accessed once you have registered and logged into the application)

PLEASE NOTE: Do not submit letters of recommendation and transcripts in separate envelopes. Please remove any letters or transcripts from the envelope before submitting with your application packet.

- [Education Institution Program Verification Form](#) signed by the Dean or Program Director. **(Required)**
- Three recommendation letters from training supervisors/professional colleagues. **(Required)**
To be used in the review and selection process to determine experience and commitment in working with rural and underserved urban populations. Letters should be from community leaders, faculty, training supervisors, and/or professional colleagues who can attest to your knowledge, commitment, and ability to fulfill the scholarship obligation. Include with your application packet (If they are in envelopes, please remove from envelope(s) before submitting with your application packet.)
- Academic transcript(s). **(Required)**
Photocopy acceptable. Applicants who have completed a year or more of health professional education/training should submit transcripts only for those years. Applicants entering the first year of health professional education/training should submit undergraduate or prior college-level transcripts. (These do not have to be “official” and should be removed from envelope.)
- [Community Sponsor/Support Form](#) signed by sponsor. **(Optional)**
If you completed the Community Sponsor/Support Form, a signature from the sponsor is required to receive credit. For RONE applicants, this form is required.
- [Agreement](#). **(Required)**

Mail Required Attachments To:
Health Professional Scholarship Program
PO Box 43430
Olympia, Washington 98504-3430

For information contact program staff at:
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